

Upcoming Changes in Infection Prevention: What Skilled Nursing Facilities Need to Know

Aimee Ford, QI Consultant,
Qualis Health

May 2016



**Quality Improvement
Organizations**
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES





Qualis Health

- A leading national population health management organization
- The Medicare Quality Innovation Network - Quality Improvement Organization (QIN-QIO) for Idaho and Washington

The QIO Program

- One of the largest federal programs dedicated to improving health quality at the local level

Objectives

- Review CMS' proposed changes to Infection Control, including the Infection Prevention and Control Officer and Antibiotic Stewardship
- Introduce the National Healthcare Safety Network's (NHSN) Infection Tracker
- Identify three actions you can take to prepare to improve your infection prevention system

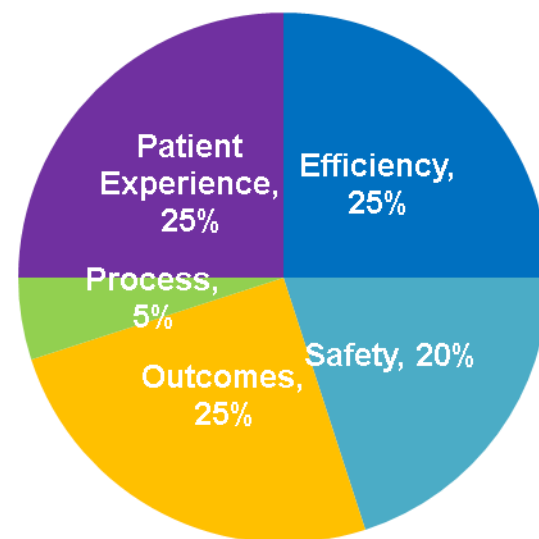


Change Is On the Horizon



HAI Impact on Hospital VBP: FY 2017

Domain	Sample Measures
Efficiency	MSPB
NEW Safety	HAI measures moved to their own domain. Additional HAIs added to domain include: <ul style="list-style-type: none"> MRSA <i>C. difficile</i>
Outcomes	Domain now only includes mortality measures
Process	3 measures. New measure included: <ul style="list-style-type: none"> Elective Delivery between 37 and 39 Weeks Gestation
Patient Experience	HCAHPS Measures



2.0% of base DRG payments are at risk.

Performance for FY 2017 payment is largely based on performance during the calendar year of 2015.



Implications of Continuing Care for Joint Replacement

- **Post-acute care will be under scrutiny**: Hospitals have financial incentive to optimize referrals
- **Cost transparency growing**: Hospitals increasingly scrutinize measures such as readmissions from SNFs, SNF LOS, and costs per resident day
- **Post-discharge rehospitalizations matter**: Increasing incentives for effective transitions and smooth, continuous care across settings, to ensure that patients stay at home after SNF discharge for at least 90 days



Proposed Regulatory Changes to Nursing Homes



§ 483.80 Infection Prevention and Control Program (IPCP)

SNFs are required to develop and implement a formal Infection Prevention and Control Program (IPCP) that includes:

- ❖ A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals who provide services
- ❖ Program will be reviewed annually



Key Components of the IPCP

- ❖ Written standards, policies and procedures that, at minimum, include:

Surveillance, reporting, precautions, isolation, hand hygiene, when to prohibit staff from having direct contact with residents/food

- ❖ Antibiotic stewardship program
- ❖ Recording, investigating, and correcting IPCP-related incidents
- ❖ Influenza and pneumococcal immunizations
- ❖ Linen handling to prevent spread of infection



Infection Prevention and Control Officer (IPCO)

(4)(b) Infection prevention and control officer. The facility must designate one individual as the infection prevention and control officer (IPCO) for whom the IPCP at that facility is a major responsibility.

Source: <https://www.federalregister.gov/articles/2015/07/16/2015-17207/medicare-and-medicaid-programs-reform-of-requirements-for-long-term-care-facilities>



The IPCO must:

- (1) Be a clinician who works at least part-time at the facility, and
- (2) Have specialized training in infection prevention and control beyond their initial professional degree.



(4)(c) IPCO participation on quality assessment and assurance committee.

The person designated as the IPCO must be a member of the facility's quality assessment and assurance committee and report to the committee on the IPCP on a regular basis.



Proposed Rule 42 CFR 483.45

Pharmacy Services

“...a pharmacist be required to review the resident’s medical record coincident with the drug regimen review when—(1) the resident is new to the facility; (2) a prior resident returns or is transferred from a hospital or other facility; and (3) during each monthly drug regimen review when the resident has been prescribed or is taking a psychotropic drug, an antibiotic, or any drug the QAA Committee has requested be included in the pharmacist’s monthly drug review.”



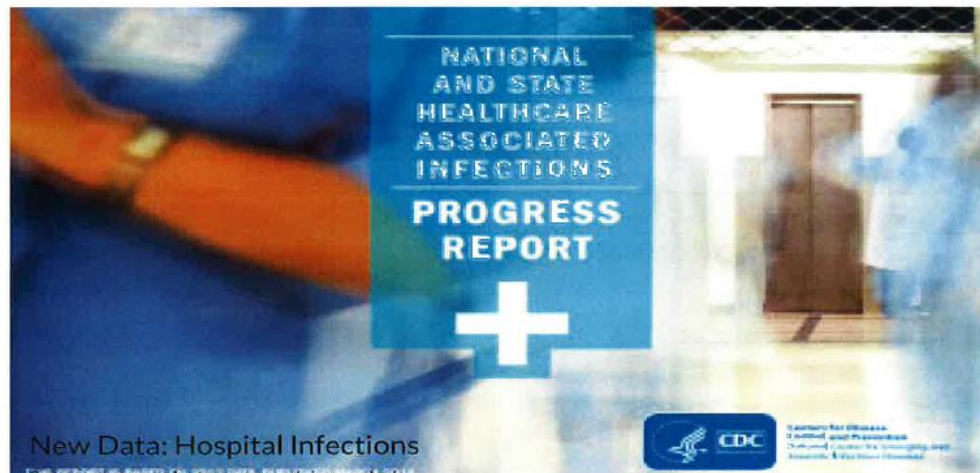
Coming Soon: Standardized Surveillance and Infection Tracking



National Healthcare Safety Network (NHSN)

CDC's National Healthcare Safety Network is the nation's most widely used healthcare-associated infection tracking system. NHSN provides facilities, states, regions, and the nation with data needed to identify problem areas, measure progress of prevention efforts, and ultimately eliminate healthcare-associated infections.

In addition, NHSN allows healthcare facilities to track blood safety errors and important healthcare process measures such as healthcare personnel influenza vaccine status and infection control adherence rates.



New Data: Hospital Infections
Some progress, but more work is needed
(<http://www.cdc.gov/HAI/progress-report/index.html>)



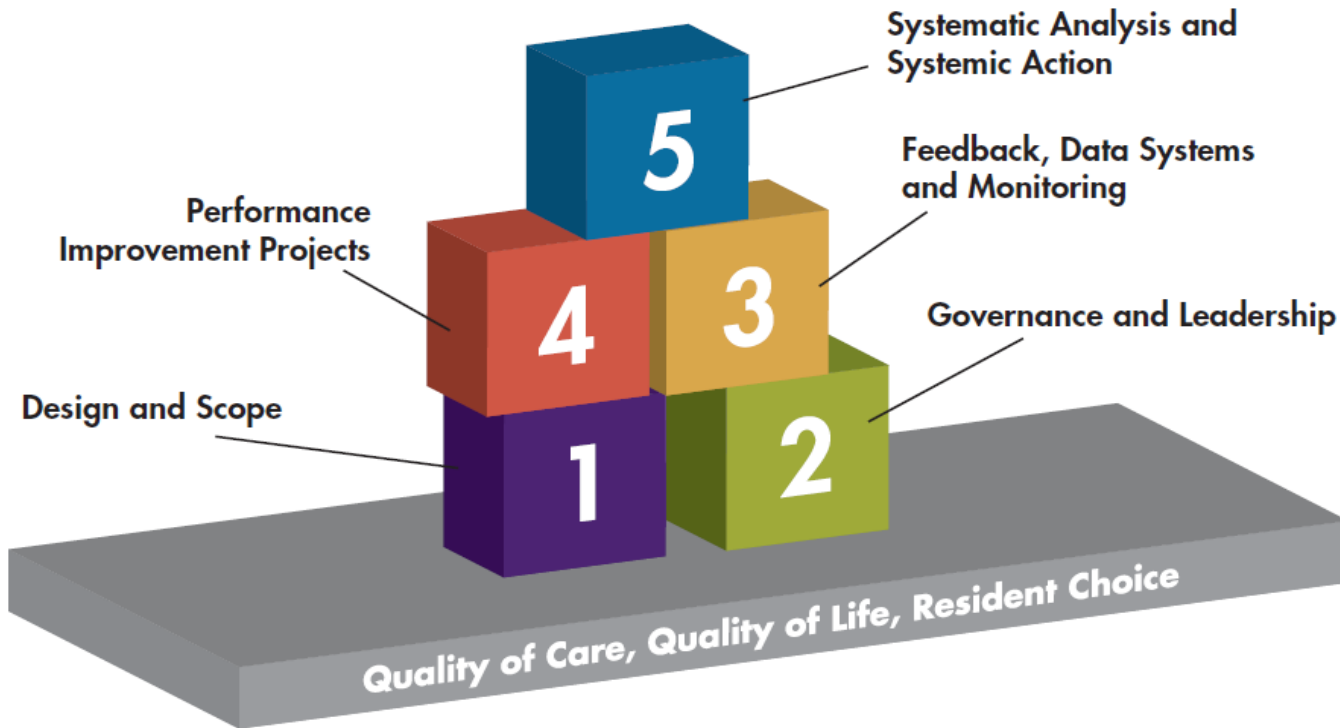
How Can You Prepare?

- Apply a QAPI approach
- Infection control risk assessment
- Policy and Procedure development
- Training for IPCO and staff
- Data collection, tracking, and analysis
- Antibiotic stewardship
- Use the power of partnerships



The Five Elements of QAPI²

CMS has identified five strategic elements that are basic building blocks to effective QAPI. These provide a framework for QAPI development.



² Centers for Medicare & Medicaid Services QAPI At a Glance: A Step by Step Guide to Implementing Quality Assurance and Performance Improvement (QAPI) in Your Nursing Home, DRAFT, 2012 (next 4 presentation slides).

The IPCP Team

- Administrator
- Medical Director
- DNS/other nursing leader
- Frontline staff
- Infection prevention leader
- Pharmacy
- Laundry
- Housekeeping
- Maintenance
- Dietary services
- Resident/family member
- Dental services



Risk Assessment

A4		Reviewed by:															
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1																	
2	Date Completed:	(date)															
3	Shared with Administrator:	(date)															
4	Reviewed by:	(insert names)															
5																	
6	Potential Risks/Problems	Probability					Risk/Impact (Health, Financial, Legal, Regulatory)					Current Facility Preparedness					Score
7		Very Likely	Likely	Maybe	Rare	Never	Catastrophic Loss (life/limb/function/financial)	Serious Loss (Function/Financial/Legal)	Risk of Re-Admission or Transfer to High Acuity	Moderate Clinical/Financial	Minimal Clinical/Financial	None	Poor	Fair	Good	Very Good	
8		4	3	2	1	0	5	4	3	2	1	5	4	3	2	1	
9	ABX Resistant Organisms																
10	MRSA																
11	C Diff																
12	VRE																
13	ESBL/other Gram Negative bacteria																
14	Prevention Activities																
15	Lack of Hand Hygiene																
16	Lack of Respiratory Hygiene/ Cough Etiquette																
17	Improper Glove Use																
18	Lack of ABX Stewardship Program																
19	Lack of Resident Influenza Vaccination																
20	Lack of Resident Pneumovax Vaccination																
21	Isolation Activities																
22	Lack of Standard Precautions																
23	Lack of Contact Precautions																
24	Lack of Droplet Precautions																
25	Lack of Airborne Precautions																
26	Policy and Procedure																
27	Lack of current policies or procedures -																
28	Failure to follow established policy or procedure (specify)																
29	Preparedness																

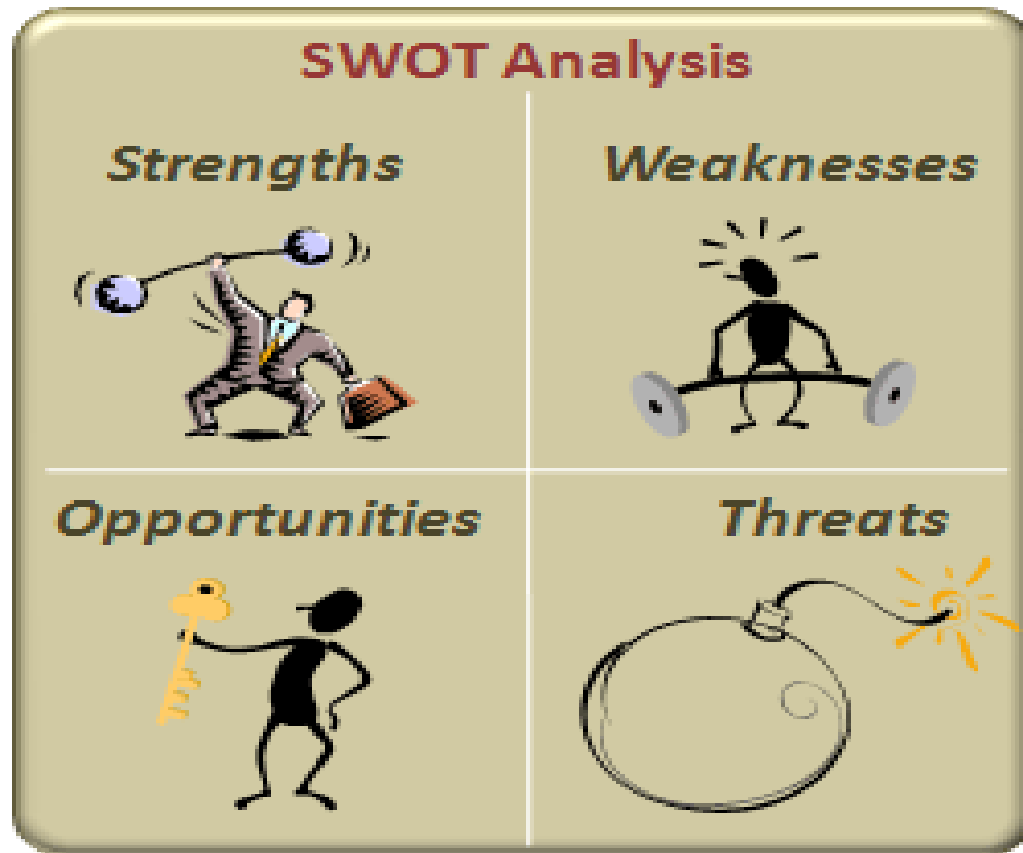


Purpose of a Risk Assessment

- Risks are reviewed and identified at least annually and whenever significant changes occur
- Risks are assessed with input from, at a minimum, infection control personnel, medical staff, nursing, and leadership
- Identified risks for acquiring and transmitting infections are prioritized (and documented!)
- Based on the identified risks, goals are set to minimize the possibility of transmitting infections.
- Objectives, milestones, and process measures are developed and implemented to achieve specific goals



SWOT Analysis



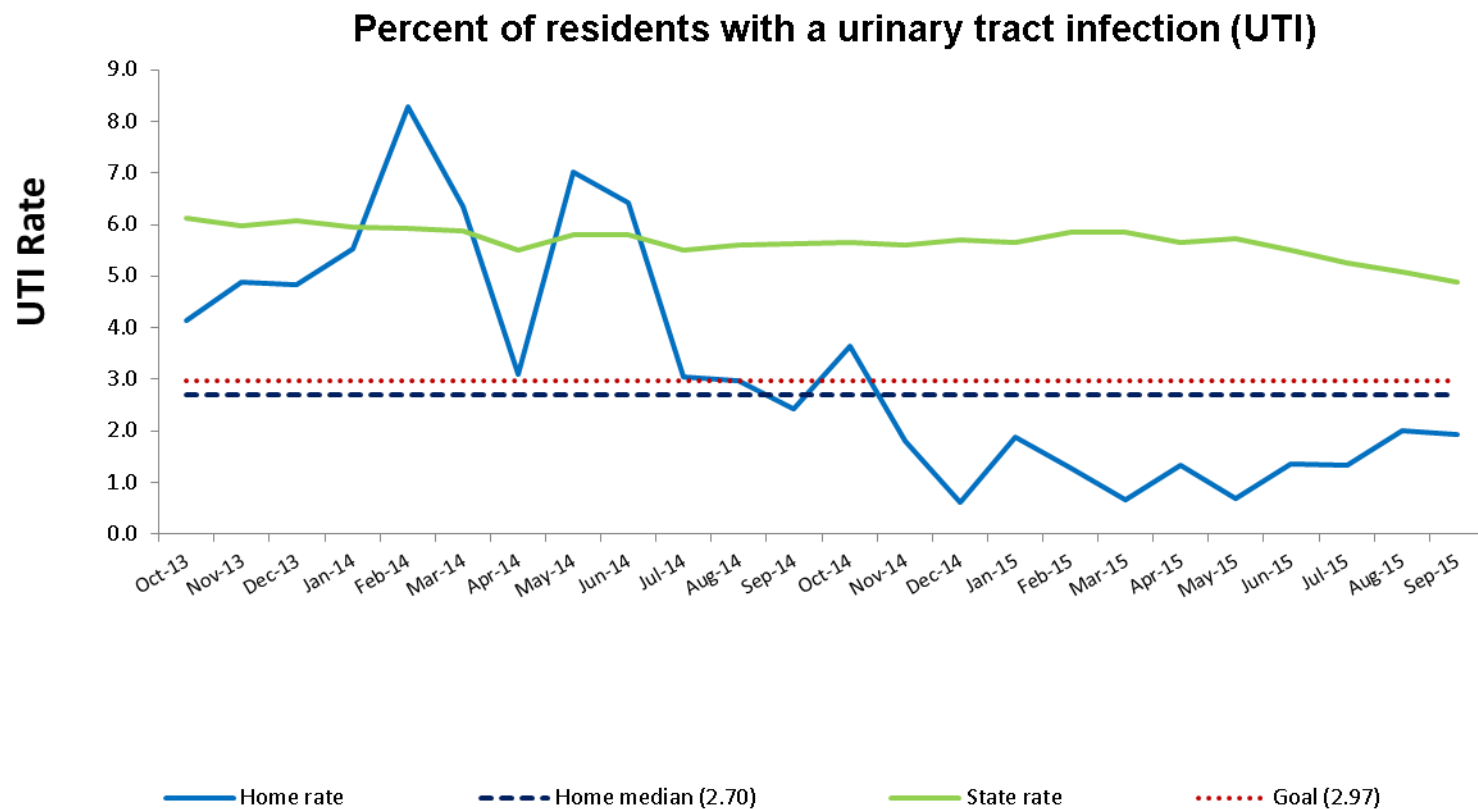
Policies/Procedures



Training



Data



Antimicrobial Stewardship (AMS)



Partnerships



Take Home Points

- SNFs are expected to develop and implement a formalized program designed to prevent infection
- The changes represent an opportunity to be a stronger partner with hospitals, ACOs, etc.
- Use a systematic approach to strengthening your infection prevention system
- Change is coming: The time to prepare is now



Q & A



Action / Next Steps

What will you do with this information when you return to your building?

What is one action you can implement in one week?

What is one change you might try?



Resources

Advancing Excellence infection control toolkit:

<https://www.nhqualitycampaign.org/goalDetail.aspx?g=inf>

S. Schweon, D. Burdsall, M. Hanchett, S. Hilley, D. Greene, I. Kenneley, J. Marx, P. Rosenbaum (2013).

The Infection Perfectionist's Guide to Long-Term Care. APIC.

Centers for Disease Control (CDC) toolkit for long-term care facilities:

<http://www.cdc.gov/longtermcare/index.html>

Centers for Disease Control (CDC) Core Elements of Antibiotic Stewardship for Nursing Homes

<http://www.cdc.gov/longtermcare/prevention/antibiotic-stewardship.html>

National Healthcare Safety Network (NHSN): Tracking Infections in Long-Term Care Facilities

<http://www.cdc.gov/nhsn/LTC/index.html>



Contact

Aimee Ford, MS, RN
QI Consultant
Qualis Health
aimeef@qualishealth.org
206-288-2567

For more information:

www.Medicare.QualisHealth.org/cDiff

This material was prepared by Qualis Health, the Medicare Quality Innovation Network - Quality Improvement Organization (QIN-QIO) for Idaho and Washington, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.
WA-C2-QH-2143-02-16

